CERTIFICATE OF DEATH

Reg.	Dist.	No. 92

1700

	Neg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newholen infants give residence of mother)
City or town	State County Cettle
How long in above place of death? Swart Asspired: 1- Account & Asspi	(If outside city or town limits, write RURAL and give nearest town)
Curon Angular Elaumin	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Gertrude al	leu. 3. (b) Social Security Number Unknown
4. Set S. Color or race 6.(a) Specie, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH OCIONE 18 19 48, 21 3.53 P
6.(b) Name of husband or wife Hubert alley	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	19
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immedia Cause of death DURATION DURATION
28 9 23hrs. min.	of abuill.
9. Birthplace Quality 3 Curry, and state)	Oue to
1D. Usuai occupation	Due to
11. Industry or buelness	Other conditions.
3. 81rthplace Cedar Hill ma-	(Include pregnancy within 3 months of death)
14. Maiden nam Florence Brown. 15. Birthpiace Ledge Sill Md.	Major findings of operations.
E 15. Birthplace Claude with the state of th	Date of op.
16. Informant.	Autopsy results
Address Burial Date thereof 10/22/48	22. VIOLENCE: If death was due to external causes, fill by the following: Accident, suicide, or towicide: Accident, suicide, or towicide: Date of
(Burial, cremation, or removal, Which?) Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Cedar Hill Md.	Injured at home, tarm, laduste, public place (where?)
18. Funeral director. Collection of the collecti	Meane of Injust Court Injured at work?
Address 909 Poplar St. Wilm. Del.	23. SGMATARE CONTROLLED WINDOWS County
13: Col 30 19 48 F Colored (Date ree'd by registrar) Registrar	Add June 9 Sun Mul- Date sighed - 19-4

NITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

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MARGIN RESERVED FOR BINDING



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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) it veteran, name war
7,000	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	2D. DATE DE DEATH OCTOBER 29 1948 212.100 M
6.(b) Name of husband or grice alter alter and the first alter alter and the first alter alter and the first alter alter alter alter and the first alter alt	21. I SERTIFY that death occurred on the date above stated; that, i attended deceased from 1945, to 24 1948.
8. AGE: Years Months Days It less than one day How the second of the se	Immedia kause of death DURATION
9. Birthplace	Due to. Due to. Due to.
11. Industry or business 12. Nam / Collect of during for 13. Birthplace / Concacter Co oa.	Diher conditions
16. Intermant. Charles M. Controller M. Cont	Major findings of operations
Address The Early Date thereof	22. VIOLENCE: it death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory. Elements. Location	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
Address North East and S. Rotherman	23/SHAMERE COOCHSON MIN. D. ST. SHOPER A CO
19	Address Leavy Sur Ma Date signed 181-48

PLEASE WRITE PLAINLY, WATH UNFADING INK. Supply every item of information carefully. The correct against especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infunts give residence of mother)
County S C C V A	
City or fown	X & 0 MJ.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 265 Sast Rain
265-Cat man 5 +	(If rural, givu LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ellen I. Doct	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. Wh Widowed	20. DATE OF DEATH (0 & Do bow) 10 1948 17 48 M
B.(b) Hame of husband or wife william H. Booth	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Vanuare 1975, Oct. 1019 48
7. Birth date of	and that I last saw h AN alive on Quoble 8 1948
deceased (mo., day, yr.) Lec. 14, 1862	Immediate cause ul death
8. AGE: Years Months Days If less than one day	Conscarded Facture Village
85 /0 —hrsmin.	
9. Birthplace Elktom, 2nd	Que to.
(lown, county, and state)	00 10-11
to. Usual occupation at Home	Que †o
t1. Industry or business	986 (0
12 Name Daniel Brotton	Other conditions
13. Birtholace Delaware new Cattle Co	
	(Include pregnancy within 8 months of death)
14. Maiden name. See Peese 15. Birthplace Delawore	Major findings of uperations.
E t5. Birthplace delawore	Date of op.
18 th toman Jenre tta Cameron	Autopsy results.
Man 265 8 hear St Plat hed	PHYSICIAN: Please underline the cause tu which death shuuld be charged statistically.
Address C. Mark of Charles 18th	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
POLE	
Cemetery or crematory	Where did injury occur?
Location Clipton Mil	Injured at home, farm, industry, public place (where?)
10. Funeral director: / Hwtippen	Means of injury injured at work?
Address Clketon med	Ch 2 1 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Auticos Ciprion, 1-in	23. SIGNATURE Me ford W. Ob really LO
19. Oct 13 1948 Th Trager	SOBOTA LO M. COMINIA VC
(Date se'd by registrar) Registrar	Address Date signed 1 10 7



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT

1100	
E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME) OF (For newyorn infants, tive residence of n	DECEASED:
State Coup	in leave
City or town (If outside city or town limits,	write RURAL and give nearest town)
Street No(If rura), give l	LOCATION)
2.(a) It veteran, name war	
	3. (b) Social Security Number
oles.	Unknown
MEDICAL, CE	RTIFICATION
Ictobe.	1 18 .48 . 8.60P
20. DATE OF DEATH	and the Linds and decreased from
21. I CERTIFY that death occurred so the date above	
	, to
and that I last saw halive on	OURATION
Immediff cause of death.	Shull.
Oue to	
Oue to	
Other conditions	
(Include pregnancy within 8 m	onths of death)
Major findings of uperations	
	Date of op
Autupsy results	ich death shuuld be charged statistically.
22. VIOLENCE: It death was due to external cause	les, till have tollowing:
Accident, suicide, or hamilians	Oale, of 10 - 5-45
Where did injury occur?	(County) (State)
Injured at home, farm, Industry, public place (wh	y would 40
Means of third Mornoval	l injured at work? Warminer
23. SIGNATURE L'ELLO	dell Min Gecil County
Address Versing Su	umu Date signed 0-18-4

age

1. PLACE OF DEATH

How long in above place of death?....

How long in hospital or Institution?. 3. (a) FULL NAME

Years

Burial (Burial, cremation, or removal, Which?)

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation 11. Industry or business

13. Birthplace

Cemetery or crematory.

(Date rec'd by registrar)

18. Funeral director Address

14. Maiden na 15. Birthplace 14. Maiden name

16. Informant Address

8. AGE:

Hospital, Institution, or street address where death occurred:

5. Color or race

Months

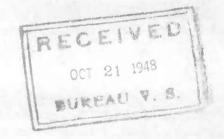
If less than one day

(day) (year)

Registrar

information carefully. The Supply every item of i d 'ADING INK. Physicians: pl important. PLAINLY, is especially

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2411 N. Charles St., Baltimore

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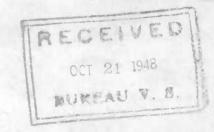
CERTIFICATE OF DEATH

Reg. Dist. No. 92

/	
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbsr) infants give residence of mother) State
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Outlier Broom 4. Sex / 5. Color or race 6. (a) Single, married, widowed, or divorced	les. 3. (b) Social Security Number 705-09-7336
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	20. DATE OF DEATH. SCIOLUS 18 19 48 21 3 .600
6.(b) Name of husband or wife Mary L V3 100002.	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
7. Birth date of deceased (mo., day, yr.) Sept. 24/696	and that I last saw h
8. AGE: Years Months Days It less than one day 24hrs. min.	Immedia of the of death DURATION DURATION
9. Birthplace Lead May Cand 10. Usual occupation R R Laworer.	Due to Scripfied.
11. Industry or business	Due to
12. Name Come Ostors.	Dther conditions
14. Maiden name Lulil . Pillardson 15. Birthplace Eudan Hill Ind.	(Include pregnancy within 3 months of death) Major findings of aperations.
E 15. Birthplace Cuaan Aug Mu	Date of op.
16. Informant Day USA ON	Antapsy results
Address 17. Burial Date thereot 10/22/48 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or hower the state of the st
Cemetery or crematory Griffith Cemetry Cedar Hill Ma	Where did injury occur? (City or town) (County) (State)
Location Can Sold Sold	Injured at home, farm, Industry aublic place (where?) VIIIII Means of Injured at work?
Address 909 Poplar St. Wilm. Del.	24 Selection Medical Examiner Cocil County
19 CA 20 19 48 FRJ. Registrar Registrar	Address / liking suu Md Date signe 10-19-48

WITH CNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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CERTIFICATE OF DEATH

Reg Dist No

	Itog. Diet. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn infants give residence of mother)
City or town Elleton	State County County
(If outside city or town limits, wyte RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
amon Auguar	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME (Betty L. Broo	les - 3. (b) Social Security Number
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
or coe single	20. DATE DE DEATH October 18 148 16.150 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
6.(c) It alive, give ageyears	
7. Birth date of deceased (mo., day, yr.) June 11 1935	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
13 2 71	Heranus Parket
9. Birthplace Elleton and	Bue ja sharilak & eleft
(Town, county, and state)	wist.
10. Usual occupation	Due to
11. Industry or business	
12. Name Lattur Stories 13. Birthplace Leads mandand	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mary Wesley 15. Birthplace Certar Hell MA	Major findings of operations
15. Birthplace Caan All Ma	Date of op.
16. Informant 18 1999 1000000	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Chalon RH 4 Ma	22. VIOLENCE: If death was dua-to-external causes, fill-in the following:
Burial Date thereot 10/221/48	Accident, subide, or homicide Accident Date of 10-18-48
(Burial, cremation, or removal. Which?) (month) (day) (year) Griffith Cem. Cedar Hill.	Where did Injury occur? Elleton Cell Ma.
Cemetery or crematory.	(City or town) (County) (State)
Location (R)	Meens (1 joint Now orle Injured at work?
18. Funeral director	(D) O O Madical Examine
Address 909 Poplar St. Wilm, Del.	23 SIGNATURE CONTROL COUNTY
19. Oct 20 1948 3 A Trager (Date rec'd by registrar) (Date rec'd by registrar)	(Nigung Sun Md. M. D. or other 10/19-48
(Date rec'd by registrar) Registrar	Address

ADING INK. Supply every item of Physicians: please write the causes FOR BINDING MARGIN RESERVED

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DURATION

Examiner County

CERTIFICATE OF DEATH

			a	9/
Reg.	Dist.	No.	f	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbord infants give residence of mother)
City or town	State
How long in above place of death? 9 Wows.	City or town
Hospital, Institution, or street address where death-occurrent from mid-	Sireet No
How long in hospital or institution? — & Moward	2.(a) If veteran, name war
3.(a) FULL NAME Couroll Br	oolee 3. (b) Social Security Number
4. Sex) 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M' Cal. Single	20. DATE OF DEATH October 19 18.48 21/16
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
7. Birth date of 10 3 2	and that I last saw h
deceased (mo., day, yr.) Plung and It Ja.	Immedia cause of death
8. AGE: Years Months Days It less than one day 4. Less than one day 1. Less than one day 1. Less than one day 1. Less than one day	Flyadineacest
9. Birtholace Cedar Hill ma.	que to de l'activelle
Town, county, and state	Buse of skull.
10. Usual occupation.	Due 10
11. Industry or business	-
12. Name	Other conditions
14. Maiden name Mary Presley. 15. Birthplace Cedar Hill mid	(Include pregnancy within 8 months of death)
15. Birthplace Cedar Hill 2nd	Major findings of operations
16. Informant Mary Brooker.	Autopsy results
Address Eluton N. 4 ma.	PHYSICIAN: Please underline the cause to which death should be charged statistical
D. 10 /00 /10	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burlal Date thereol 10/22/48 (month) (day) (year)	Accident, suicide, or homicing Date of July Date of Da
Cemetery or crematory. Griffith Cem.	Where did injury occur?
Location Cedar Hill Md.	Injured at home) farm Industry, public place (where?)
18. Funeral director Collan R. A. Sell	Maen of Medical Experience Injured at work?
Address 909 Poplar St. Wilm. Del.	- Mellowoulder Men Caril C
19. Oct 20 1948 F11Frague	Regard Sun Md M. D. or other
[(Date rec'd by registrar) Registrar	Address Date signed

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coise especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

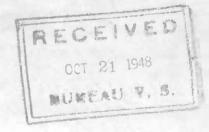
Reg. Dist. No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and an orarest cown)	City or town Eleton Pural
How long in above place of death? Hospital institution, or street addess where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veleran, name war
3.(a) FULL NAME Lelovis Bro	oles . 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Sungle	MEDICAL CERTIFICATION 20. DATE OF DEATH October 1948, 21.44 P.
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Qee 18 1837	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediais cause of death DURATION
9. Birthplace	Due to. Descelle.
10. Usual occupation.	Due to
12. Name Costty Sooles.	Other conditions
14. Maiden name Many Felley 15. Birthplace edan Fell Inst	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace edan Hell mar	Date of op.
16. Informant. 11. 15. Informant. 11. Informant. 11	Autopsy results
Address Burial Date thereof 10/22/48	22. VIOLENCE: If death was due to external pauses, fill in the following: Accident, suicide, or topicide Configuration Date of 10-18-48
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory	Whera did Injury occur? (City or town) (County) (State)
Location dedar hill Md.	Injured at home, farm, Industry, public place where?
18. Funeral director Low A Self	Maens flower Mounte Injured at work?
Address 909 Poplar St. Wilm. Del.	23. SJONNINE SENDOCKOUND COCIL COUNTY
19. Oct 20 19.48 ## ## ## ## ## Registrar	Added Krain 9 Sun mil Bate signed - 1894 49

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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m of information carefully uses of death clearly and

MARGIN RESERVED FOR BIND	PLEASE WRITE PLAINLY, WE'H UNFADING INK. Supply every iten
VS A15	PLEASE WRITE PLAINLY,

CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants give residence of mother) State Soundy State City or town (If outside city or town limita, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Baly. Chaper	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
8.(6) Name of hueband or wite 7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Monthe Days titlese than one day hrs. 9. Birthplace Cown, county, and state 10. Usual occupation. 11. Industry or business 12. Mame Learn County Chapman. 13. Birthplace At Beata Car.	21. I CERTIFY that death occurred on the date above etated; that I stlended deceased from 18. 4
16. Internal Control Chapman Address Control Chapman Address Control Chapman 17. Control Control Chapman (Burial, cremation, or removal, Which?) Cemetery or crematery Location 18. Funeral director Address Control Control Chapman 18. Funeral director Address Control Control Chapman 19. Funeral director Address Control	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the following: Accident, eutcide, or homicide
19. (Daté rec'd by registrar) 19. Registrar	Abdrea Claing Sungy Date stends - 8-48

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OCT 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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Reg. Dist. No. 90

2411 N.	Charles St., Baltimore 159	
CERTIFIC	CATE OF DEATH Reg. Diat. No. 90	
County. City or town limits, write RUBAL and give nearest town How long in above place of death? Hospital, institution, or strest address where death occurred:	City or town (If outside eity or town limits, write RURAL and give nearest town) Street No.	
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name was	
3. (a) FULL NAME ans albert	Coales dr. 3. (b) Social Security Number	
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced Sunfee	20. DATE DE DEATH OCTOBER 2/ 1948 at 4	
6.(b) Name of husband or wifs	At TAPPTIEN And John John John John John John John John	
7. Birth date of deceased (mo., day, yr.) Sent 23 1948	.19	
8. AGE: Years Months Days If less than one dayhrs.	Immedian super ul death DURA	
9. Birthplace (Town, county, and state)	Due to Gertalin milen	
10. Usual occupation	Due to Duddelmuluters	
11. Industry or business 12. Name Aures albert Coate 13. Birthdiace Cecultori Mic	Dther conditions.	
14. Malouring the Elizabeth Collo	(Include pregnancy within 8 months of death) Majur fiudiags of operations.	
15. Birthotage Clisterton ma	msjur nudiags of operanuut	
16, Informant aues allert Coal	LO Autupsy results	
Address Cycliton mad	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Bate thereof (month) (day) (year (month) (day) (year	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location Leggittony Buly	Injured at home, farm, Industry, public place (where?)	
18. Funerat director Edward Tellour	Means of Injury Injured at work?	
Address Millington My	- Mollow Man Caril Co	
19. Oct 23 1948 Thro Harre W Oley	ristral Address Com 9 Sun Ma Bate 100-21-	

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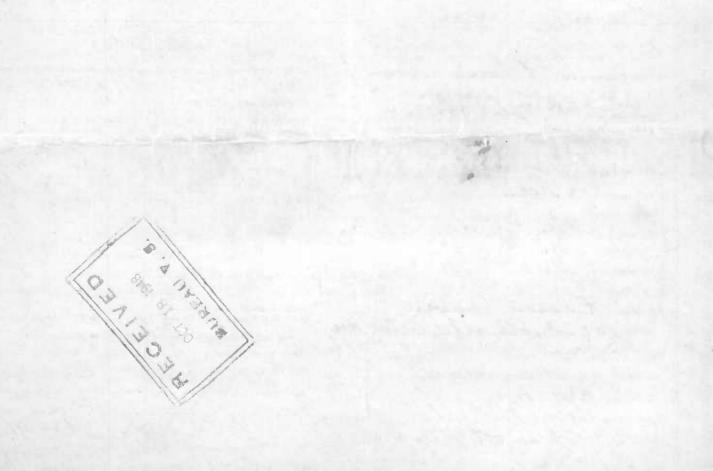


CEPTIFICATE OF DEATH

		a St., Baltimore	85	(0-
	ERTIFICAT	E OF DEATH	F	Reg. Diat. No. 7
1. PLACE OF DEATH: Lough		2. USUAL RESIDENCE ((For newborn infants a) State. Maryland	HOME) OF DECE.	ASED:
City or towo	give nearest town)	City or town(if outside ci	8017 5	naufarel URAL and give nearest to
How long in hospital or institution? 2's days	retel	2.(a) If veteran, name war	(If rural, give LOCATI	
3. (a) FULL NAME	***************************************	Z.(G) 13 reteran, name war		
Clarence Croven			3. (0) Social Security Number
Male nego Married, wie	. 0		edical certif	
8.(6) Name of husband or wife	aven	21. I CERTIFY that death occur	red on the date above stated;	
7. Birth date of deceased (mo., dsy, yr.) Catober 16-19	ve age	and thal I last sow h	live on Sch 1	/ _
8. AGE: Years Months Days It less th	han one dayhrsmin.	Stelus	Relepte	Eus 3
9. Sirthplace		Due to	lepty	news
1D. Usual occupation.		Oue to		
11. Industry or business		Other conditions		
13. Birthplace Un 22			gnancy within 3 months of	Administration of the second o
14. Maiden name Zun.	mat.	Major findings of operations		
Formie Change	N Con	Autopsy results		Date of op
Address 107 Booth St. El	leton ma.	PHYSICIAN: Please underline	e the cause to which death	
17. Busial Date thereot	10-14-48 onth) (day) (year)	22. VIOLENCE: It death was Accident, suicide, or homicide		Date ot
Cemetery or cremajory Grandense		Where did Injury occur?		
18. Funeral director, Au S. Bell		Means of injury		Injered at work?
Address 909 Poplan St. Wille	Del	23. SIGNATURE	1. Moxn	yth m
19. Oct 14 19.48 FMS	razer	Address Elk	lon - md	M. D. or othe

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10373

CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town mits, write RURAL and give nearest town)	Male Mary Land County Ceil
How long in above place of death?	City or town
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME along B. China	3. (b) Social Security Number
4. Sex 5. Color or race (8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 2 Oct 19 48 18:30 A
6.(b) Name of Implant or wite May Criswell 6.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Billing 12 78 1875 8. AGE: Years Months Days If less than one day	and that I last saw h. 1884. alive on 2 Oct 19.48. Immediate cause of death Coronary Throm bosis 2 hour.
9. Birthplace	Due to Arterioscherotic Heart Disease 5 year.
10. Usual occupation	Due to
12. Name 12.	Diher conditions
14. Maiden name Mary Editor	Major findings of operations
Address Math Eart Ma d. PD 1	Autopsy results
17 (Burial, cremation, or amoval, Which?) Date thereof (month) (day). (year)	22_VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or grematory The Is Marco The	Where did Injury occur?
18. Funeral director	Means of Injury Injured at work?
Address Oct 4 - CH8 Long Wollmight	23. SIGNATURE Stans H Squelner M.D. or other Address North East Hod Date signed 2 Det 4

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Weren D. Brunnerco

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

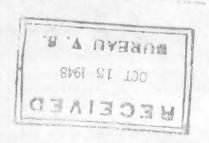
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10374

CERTIFICATE OF DEATH

Reg. Diat. No. 42

1	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md's County County
City or town	City or town Elator Peural.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred the Elistania	Street No
How long In hospital or Institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	13 (b) Social Security Number
Dagid H. Tun	le fr. (fink)
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	20. DATE DE DEATH OCTOBER 11 1048 21 9.0 5
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; thal I attended deceased from
7. Birth date of deceased (mo., day, yr.) Alover 8 1946	and that I last saw halive on
8. AGE: Years Months Days If tess than one day	Immediai couse of death alm 4 mond.
2 3min.	ok abdomen.
9. Birthpiace Crown, coupty, and state)	Due to 15 perfections
1D. Usual occupationeluli	Due to D. A. D. A.
11, Industry or business	Supeles Herring.
12. Name 2 and A Tento St.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name & ladys. M. By El. 15. Birthplace	Major findings of operations
15. Birthplace	
16. Informan David, A Tunis M.	Antopsy results
Address Elston 1205 Md.	
17 Burial Date thereof Oct 13/48	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homeing the first state of the following pate of 10 - 10 - 46
(Burlal, cremation, or removal. Which?) (month) (day) (year)	Where did Injury occur? Elleton Frank Cecil Ind
Cemetery or crematory	(City or town) (County) (State)
Location Stake Monyland	Injured at home, farm, Industry, public place (where?) Magnes of Injured 2 / PCF Cl Injured at work?
18. Funeral director	Means of Injury & OCO Injury & Medical Examiner
Address Elkton med	IN KO WO CASON MIN for Caril County
Oct 1348 7/1919	23. (36 M. D. or other
(Date rec'd by registrar)	Address / Wally Oller Ma. Date signed 0 71-98



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1311-.

1. PLACE OF DEATH:	2. USUAL RES	SIDENCE (HOME) OF DECEASED:	C-10.
Causty allered	(For newho	ry infants give residence of mother)	779
County	01-1-	1001	· Vom.
City or town	State	County	
(If outside city or town limits, write RUE	City or town	Walter	
How long in above place of death?		if outside city or town limits, write RURAL ar	d give nearest town)
Hospital, Institution, or street address where death occurred:			
		(1/ LOCATION)	
		(If rurat, give LOCATION)	
How long in hospital or institution?	2.(0) If veleran, n	ime war	
3. (a) FULL NAME		12 (1) 6 : 1	C ' N 1 -
S. (a) PULL HAME	1 11 .	3. (0) Social	Security Number
filly Hole	- MAKRON.	220-	-18-861
1 State and 1 Stat	married, widowed, or divorced	- Au	1001
4. Sex 5. Color or fare 6.(a) Single, n	matrice, misowes, of sitoless	MEDICAL CERTIFICATI	ON
March Bank	named 20 DATE DE DEATH	M-X-31.	40 9
may or 7	20. DATE OF DEATH		19.4.8 21 9
her Wie	- Hay min and 1 21 1 CEPTIEN INC	death occurred on the date above stated; that I at	ended deceased from
6.(b) Name of husband or wife	Zi. I CEMIPI THAT	O . 1 3 4 US	LZI
6 2-3 1	La clina como an	212 19 48 10 Oc	7 19.5
7. Birth date of - 1 1	IT alive, give ageyears	hen alive on Oct 31	19.3
deceased (mo., day, yr.) and a	1402	0 K .	
occesses (montant)	Immediate cause of	i death	DURATE
8. AGE: Years Months Days	If less than one day	whites	54
46	hrs. mja.		
A not	10 11 11 11		
9. Birlhplace Budricktour	Cecil, Mil. Due to		
(Town, county, and As	te)		111111111111111111111111111111111111111
Homestille	••••••		
19. Usual occupation.	Due to		
11 Industry or husiness		מב א	5/ 7/
tt. Industry or business	1011		
tt. Industry or business Plabert Hasse	Dther conditions	he luyacondition	7 29
E 12. Name Stabut Jasse	Dther conditions	he Mysendely	7 29
41 Makent Hanne	A. a. De	Que pregnancy within 3 months of death)	29
12. Name Stabet Jasse 13. Birthplace	Villana.	include pregnancy within 3 months of death)	29
H 12. Name Stabert Fasse	Villana.	include pregnancy within 3 months of death) operations	forms
12. Name labert fasse 13. Birthplace 14. Malden name falley	Major findings of	operations nove he	form.
12. Name Stabet Jasse 13. Birthplace	Major findings of	operations nove pe	Jours,
12. Name labert fasse 13. Birthplace 14. Malden name falley	Major findings of	operations nous free for Date o	
12. Name labert flashed 13. Birthptace 14. Malden name 15. Birthptace	Major findings of	operations. Note for Date of	
12. Name labert flashed 13. Birthptace 14. Malden name 15. Birthptace	Major findings of Autopsy results. PHYSICIAN: Ple	operations nove free Date of State of S	e charged statistically.
12. Name laber face 13. Birthptace 14. Malden name falley 15. Birthptace 16. Informant falley Address Collon	Major findings of Major findings of Autopsy results. PHYSICIAN: Ple	operations nous free for Date o	e charged statistically.
12. Name Stabut Hasse 13. Birthplace 14. Maiden name Jally 15. Birthplace 16. Informant Musicians Jally Address Cillon 17. Danie thereof	Major findings of Major findings of Autopsy results. PHYSICIAN: Ples 22. VIOLENCE: 1	pale of Date o	e charged statistically.
12. Name liberty flags 13. Birthplace 14. Malden name flags 15. Birthplace 16. Informant flags 16. Informa	Major findings of Major findings of Autopsy results. PHYSICIAN: Ples (month) (day) (year) Accident, suicide.	operations	e charged statistically.
12. Name	Major findings of Major findings of Autopsy results. PHYSICIAN: Ples (month) (day) (year) Accident, suicide.	operations	e charged statistically. ving;
12. Name Stabut Hasse 13. Birthplace 14. Maiden name Jally 15. Birthplace 16. Informant Musicians Jally Address Cillon 17. Danie thereof	Major findings of Major findings of Autopsy results. PHYSICIAN: Ples (month) (day) (year) Accident, suicide.	pale of Date o	e charged statistically. ving;
12. Name	Major findings of Autopsy results. PHYSICIAN: Plet (month) (day) (year) Accident, suicide, Whera did injury (operations	e charged statistically. ring; a ot
12. Name 12. Name 13. Birthptace 14. Malden name 15. Birthptace 16. Informant 16. Informant 17. (Burial, cremation, or removal, Whigh) Date thereof	Major findings of Major findings of Autopsy results. PHYSICIAN: Ples (month) (day) (year) Accident, suicide, Where did injury of tnjured at home, fi	operations	e charged statistically. ring; a of
12. Name	Major findings of Autopsy results. PHYSICIAN: Plet (month) (day) (year) Accident, suicide, Whera did injury (operations	e charged statistically. ring; a of
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Clustian (Burial, cremation, or removal, Whigh?) Cemetery or crematory Cemetery or crematory	Major findings of Major findings of Autopsy results. PHYSICIAN: Ples (month) (day) (year) Accident, suicide, Where did injury of tnjured at home, fi	operations	e charged statistically. ring; a of
t2. Name	Major findings of Major findings of Autopsy results. PHYSICIAN: Ples (month) (day) (year) Accident, suicide, Where did injury of tnjured at home, fi	operations	e charged statistically. ring; a of
12. Name	Major findings of Major findings of Autopsy results. PHYSICIAN: Ples (month) (day) (year) Accident, suicide, Where did injury of tnjured at home, fi	operations	e charged statistically. ring: a of
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 16. Informant 17. (Burial, cremation, or removal, Whigh?) Cemetery or crematory 17. (Burial, cremation, or removal, Whigh?) Location 18. Funeral director 16. Called 16.	Major findings of Major findings of Autopsy results. PHYSICIAN: Plei (month) (day) (year) Accident, suicide, Where did injury of Injured at home, fi	operations	e charged statistically. ring; a of

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother)	D:
County	City or town. (If outside city or town limits, write RURA	
Hospital, institution, or street address where death occurred:	Streel No	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) So	cial Security Number
4. Sex 5. Color or race 6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFIC	ATION
Male White Widowed	1	1948 at 11:30 A. N
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that May 19.48,, to	
7. Birth date of	· / 1 00+	19.48
7. Birth date of deceased (mo., day, yr.) Se 44 & - 1870	and that I feet saw it annually of	
8. AGE: Years Months Days it less than one day	Immediai cause of death Thrombosis	DURATION 8 hours
78 1 3hrsmin.	/	
9. Birthplace. how the East mod	Oue to Arteriosclerotic Heart D.	sease 10 years
10. Usual occupation	Oue to	
1t. Industry or business		
12. Name Longe W Harvey	Other conditions Generalized Arterios	clerosis 15 years
	(Include pregnancy within 3 months of dea	th)
14. Maiden name Elizabeth a triday	Major findings of operations	
≥ 15. Birthplace	0	ate of op
16. Informant Mrs Of Q Bailey	Antopsy results	ould be charged statistically.
Address houth East Ma	22. VIOLENCE: If death was due to external causes, fill in the	
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?(City or town) (C	ounty) (State)
I was said Eash my	Injured at home, farm, industry, public place (where?)	
Location D		red at work?
18. Funeral director.	Klaus H Thucher	40
Address horth case mg	23. SIGNATURE Maus 1 Junetures	M. D. or other
19. Och H 19 (Date rec'd by registrar) Registrar	Address North East Md	Date signed 1 Oct 48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) (If outside city or town limits write RURAL and give nearest town) (tf rural, give LOCATION) 3. (b) Social Security Number 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? Injured at home, farm, industry, public place (where?) Injured at work?

1. PLACE OF DEATH How long in above place of death?.. Hospital, Institution, or street address where death occurred; How long in hospital or institution?... 3. (a) FULL NAME deceaeed (mo., day, yr.) It less than one day 8. AGE: 11. Industry or businees 13. Birthplace (month) (day) (year) 18. Funeral director

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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/	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powhyrn infants give residence of mother)
County Russ	State md. Govoly Cleil
(If outside city or town limits, write RURAL and give nearest town)	City or 1000 Conownes. Rural
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
mamie agnes A	ollingsworth
4. Sex 5. Color or race 8.(a)Single, married vidowed, or divorced	MEDICAL CERTIFICATION
Female White married	2D. DATE DE DEATH (LECTOVES 10 1848 at 8500
8.(b) Hamo of husband or wife Oden Hollingsworth	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alivo, givo ago. 42 yea	19
7. Birth date of deceased (mo., day, yr.) Itel. 12. 1917	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate-came of death DURATION
36. 7 28hrsmir	TO A A CINY
1 lian Valle Van	Busto Olso OCIA &
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Horsewife	Duo to.
11. Industry or business	
12. Name Cortell Spines 13. Birthplace Va	- Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name I nes Jufice 15. Birthplace Va.	
15. Birtholace	Major Stadings of operations
Maden Halling worth	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Conowings, not. 11. H.W.	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baftist Christy	Where did Injury occur? (City or town) (County) (State)
Location has Conowings, and	Injured at home, farm, industry, public place (where?)
15.7.20	Meens of mjury Injured at work?
18. Funeral director	(1) PO Dack and MILA Medical Examiner
Address Rising Son, ma	23 John Cocil County
est 1 =0 at 8 2 millownigh	M. D. or other
1 1960 1960 10 -11 - 40 Beginter	Address Date signed

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10379

CERTIFICAT	Reg. Diat. No. 96
1. PLACE OF DEATH: County Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prophorn infanta give residence of mother)
City or town Perry Point, Maryland (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospitat, Institution, or street address where death occurred: VAH., Perry Point, Maryland How long in hospital or institution? 13 days.	State Maryland County Cecil City or town RD # 1, Elkton, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) Il veteran, name war.
3.(a) FULL NAME HOY, Russell William	3. (b) Social Security Number Unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	WEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
	20. DATE DF DEATH October 8th, 1948 31 5:00 A
B.(b) Name of husband or wife Helen T. Hoy B.(c) If alive, give age yeare deceased (mo., day, yr.) February 18, 1895	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from September 25th, 19.48 to October 8, 19.48 and that I last saw h im alive on October 8th, 19.48
8. AGE: Yeare Monthe Days It less than one day 20hre	Immediate cause of death 1. Necrotizing broncho DURATION Denumonia, right; 2. Pulmonary Unknown abscesses
S. Birthplace Schuylkill Haven, Schuylkill Co., Penna (Town, county, and state) 1D. Usual occupation 11. Industry or buelneee 12. Name Charles W. Hoy 13. Birthplace Schuylkill County, Penna. 14. Maiden name Ida Kreitz, 15. Birthplace Schuylkill County, Penna. 16. Intermant Hospital Records Addrese VAH., Perry Point, Maryland	pleuritis, left lung; 2. Localized pleuritis, left lung; 2. Localized peritonitis; 3. Gastro_jejunos_ tony; 4. pyloroplasty major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total gastrectony with antero_colic major findings of operation; 1. Sub- total
Burial (Burial, cremation, or removal, Which?) Cemetery Orematory Charlestown Cemetery Charlestown, Maryland Location 18. Funeral director H. W. FIPPIN & SON,	Accident, eulcide, or homicide
Address 259 E. Main Street, Elkton, Maryland 19. O. J. Janes E. Mangles (Date rec'd by registrar) (Date rec'd by registrar)	24 SIGNATURE A.E. TROLLINGER, M.D., hief, Professional Services M.D. of ther deters VAH, Perry Point, Maryland Bate eigned 10-8-48

RESERVED FOR BINDING MARGIN WITH UNFADING INK. Supply every item of information carefully. The emportant. Physicians: please write the causes of death clearly and legibly

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CERTIFICA	TE OF DEATH		
CERTIFICA	TE OF DEATH Reg. Dist. No. 97		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME Sillian Irene I	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hernall White Married 6.(b) Name of husband or wife Curtis Jurn 6.(c) If alive, give age 45 year 7. Birth date of 8 7 6	2D. DATE DF DEATH 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above atated; that t attended degraped from 19.45 to 19.44 and that I last saw h allive on 19.45 Immediate vance of death DURATION DURATION		

8. AGE:	Tears	months	Days	ti icas tilali olic	uay
	72	6	5	hrs.	mi
9. Birthplace		San	cost	in Co.	Pa.
a. onthipieso		(Tam	m sounty and	atata)	

1D. Usual occupation...

11. Industry or business 13. Birthplace

14. Maiden na 15. Birthplace 14. Maiden name

16. Informant Address

(Burial, cremation, or removal, Which? (month) (day) (year)

1B. Funeral director...

(Include pregnancy within 3 months of death)

PHYStCtAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: tt death was due to external causes, till in the following; Accident, suicide, or homicide,

Where did injury occur? (State) (City or town) (County)

injured at home, farm, industry, public place (where?)

Means of Injun injured at work?

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Physicians:

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10381

3. (b) Social Security Number

Unknown

CERTIFICATE OF DEATH

	Reg. Dist. No
2. USUAL RESIDENCE (HOME) (For powhorn infants give residence of	
City or town Seneca	unity Montgomery
Street No. none	
2.(a) it veleran, name war. WW-II	e LOCATION)

ity or town	VAJI.	. Ferry	EOTITO!	Platy Land	State	
(If outside city or town limits, write RURAL and give nearest town)						
lospital, instituti	on, or stre	et address where	death occurred	1:		
VA Hos	pita.	l, Perry	Point,	Maryland	Street No	
	_	titution?			2.(a) it vel	
B. (a) FULL ?	NAME					
J	ACKS	ON, Clif	ton C.			
l. Sei		Color or race		e, married, widowed, or divorced		
Mal	e	Negro	Sing	gle		
	1		10.000		20. DATE DE	
i.(b) Name of hu	sband or w	(te	one	***************************************	21. I CERTI	
			8.(c) If alive, give ageyeare		
l. Birth date of deceased (mo.,	day, yr.)	June 5	1926		and that I la	
8. AGE:	Yeare	Months	Days	It lese than one day	Immediate ME	
	22	4	19	hre min.		
				County, Maryland	Due toPU.	
1. Industry or b					Due to	
		aton Jecl	rann			
12. Name		Seneca, l			Other condit	

-				oson, Deceased	Major fiadi	
15. Birthplac	e F1	cont Roya	al, Vir	rginia		
16. Intermant	Hos	pital Re	cords		Aotopsy re	
Address	VAH,	. Perry	Point,	Maryland	PHYSICIAL	
Ran	777	0_		10/26/48	22. VIOLE	
(Burial, crem	nation, or	removal, Which?	Date Iner	(month) (day) (year)	Accident, S	
Cemetery or co	rematory	arling	pro 1	(month) (day) (year)	Where did i	
Location		TT. O	4 win	w. VA	Injured at h	
				7. 10-	Means of in	
18. Funeral direc						
Address	140	mel	- ay	vez me.	237 SIGNAT	
out.	26	19 48	- In	me & Danda	5 CI	
(Date ree'd	by registr	ar)		Kegistrar	Address	

	MEDICAL CER	RTIFICAT	ION	
20. DATE OF DEATH	October 24t	h,	19 48	3:20 P
October	occurred on the date above	48, 10 Oc	tober.	24, 19.48
Immediate cause of dea				DURATION
PULMONAR	CULOSIS.DISS Y AND PERITO	NEAL	D	
Other conditions(Includ	e pregnaney within 3 mor	nths of death)	ê.	
Major fiadings of opera	tions		************	
	Same as abov			
22. VIOLENCE: If death	was due to external causes	, fill in the follow	ring;	
Accident, sulcide, or hom	licide		e of	
Where did injury occur?	(City or town)	(County	·)	(State)
Injured at home, tarm, In	dustry, public place (where	?)=	==	
Means of Injury	1	Injured at	work?	
1.	3/160	ee	1-1-	(de .

A.E.TROLLINGER. M.D. nief, Professional Serv VAH. Perry Point, Md. MARTINES STATE OF THE STATE OF STATE OF

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CERTIFICATE OF DEATH

_ 0. 52	Reg. Dist. No.	
2. USUAL RESIDENCE (HOM) (For pewhorn infants give residen		
State Maryland City or town Baltimor (If outside city or town		
Sireet No	, give LOCATION)	
	3. (b) Social Security Number	

MEDICAL CERTIFICATION

	or town				URAL and give no	earest town)
			leath? 1 m			***********************
			ei address where			
		-	al, Perr	-		***************************************
			Ittulion?	wameai	a above	
3.	(a) FULI	LNAME				
	JON	TES, L	awrence			
4. 3	ex	5.	Color or raco	S.(a)Singl	e, married, widowed, o	or divorced
	mal	.e	negro	Ma	arried	
		1111	ITale	n A ten		
6. () Name of	h/us/ba/hel/or w	ifeUnk	AA9.WAA	***************************************	• • • • • • • • • • • • • • • • • • • •
7. 1	lirth date o			8.(e) If alive, givo age	yeare
		10., day, yr.)	Aug.	13, 189	91	
8.	AGE:	Yeare	Monthe	Days	if ieee than one	day
		57	2	1	hrs.	min,
0	Rirthnlace		Baltimor	e. Md.		
			(Town,	county, and	ntate)	
10.	Usual occ	upailon	Port	er	•••••	
11.	Industry of	busineee				
IER	12. Name	U	nknown			
	13. Birthp		Unkno			
			Tinlenase			
MOTHER			Unknow			/* \$ 0 4 0 0 0 0 0 0 0 4 4 0 0 0 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
E	15. Birthp	lace	Unknown			
16.	informant.	H	spital	record	3	************
	Addrese	VAH,	Perry P	oint, 1	Id.	
47		Remov	9.7	Bata thes	ot Oct.15	. 1948
		emation, or	removal. Which?)	(month) (day) (year)
	emelery or	crematory	Baltim	ore Na	tional Cer	metery
	ocation		Baltimor	e, Mary	yland	
		61	hoy		The state of the s	
18.	Funeral di	rector	WILSON	RIMERAI	HOME	***************************************
-	ddress	1000	Brantly	Ave	Baltimore	17, Md.
4.0	0:	t. 1.	5 48	- 2	use E. W	Ramba
19.	(Date rec	'd by registr	ar)	John	and the same of th	Registrar

1. PLACE OF DEATH: County Cecil

	MEDICAL C	LICIALICA	111011	
20. DATE OF DEATH	October :	14,	1, 48	. 9:20
21. I CERTIFY that death				
Septembe	r 2, 19	48 101	Oct. 14,	194
and that I laet eaw him				19 48
Immediata cause of dea	Aortic :	valve u	lceratio	DURATION
and vegeta	tion	*********		Unknown
Duo to Rheum	atic cardi	tis and	peri-	***************************************
carditi				
Due to Mitra	l stenosis,	moder	ate	***************************************
1 7		1 a C h 1 m d .	3	
ther conditions 1.I. Hypostati	c bronchop	leumoni.	a bilat e	ral:
hronic spl	DEBSIVE	agest in	at 4.	
		Da	nto of op	
Autopsy results				***************************************
PHYSICIAN: Please un	derline the cause to w	hich death shor	uid be charged st	latistically.
22. VIOLENCE: If deat				
Accident, eulcide, or hom	icide mm		Date of	
Where did injury occur?	(City or town)	(Ce	ounty)	(State)
njured at home, tarm, in	dustry, public place (w	rhere?)	-	
Meane of Injury	/	tnjur	ed at work?	
23, SIGNATURE	0 30	Lac	200	ng
A.E. TROLLT	NGER M.D.	Chief.P	rofessio	other other
drese VAH, F				

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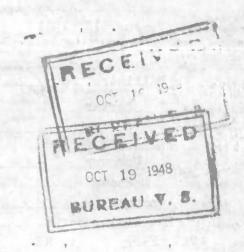
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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 94

	Neg. Dist. 100
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Lott East Rural	State md County Cecil
(tf outside city or town limits, write RURAL and give nearest town)	City or town worth East Rural
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William.	wekard -
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White married	20, DATE DF DEATH OCT - 19.46.8, 21 / A - 1
m. 1/- 1 Torkers	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	Sept- 79 1948 to Sept 79 1948
7. Birth date of 7. Sirth date of 7. Sir	and that I last saw h
deceased (mo., day, yr.) Jeb 5 7874	Immediais cause of death
8. AGE: Years Months Days If less than one day	macarditis
74 7 / (hrsmin.	
Janth Engl Rungl had	Que to.
9. 8irthplace (Town, county, and state)	Due 10.
10. Usual occupation tarmer	
11, Industry or business	Due to
	Dither conditions
12. Name John Norkard	
	(Include pregnancy within 3 months of death)
14. Maiden name. Harriet mahoney 15. Birthplace	Major findings of operations.
2 15. Birthplace	Date of op.
16. Interment Mrs William . Torbard	Autopsy results
Address morth East his	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 1 00 51 10111	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Methodish	Where did injury occur?
1 7 1 1000	Injured at home, farm, industry, public place (where?)
Location North Cash	Means of injury Injured at work?
18. Funeral director Justifich Viant	
Address morth East md	C/3 Collins
Oct 4 115 Car 2 Posts	23. SIGNATURE M. D. or other
(Date ree'd by/registrar)	Address north East, ml. Date signed 10-1-48

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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OCT 5 1948

BUREAU V. S.



2411 N. Charles St., Baltimore

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	1	A I C.	VIC	$1/\Gamma_{c}E$	

eg. Dist. No. 96

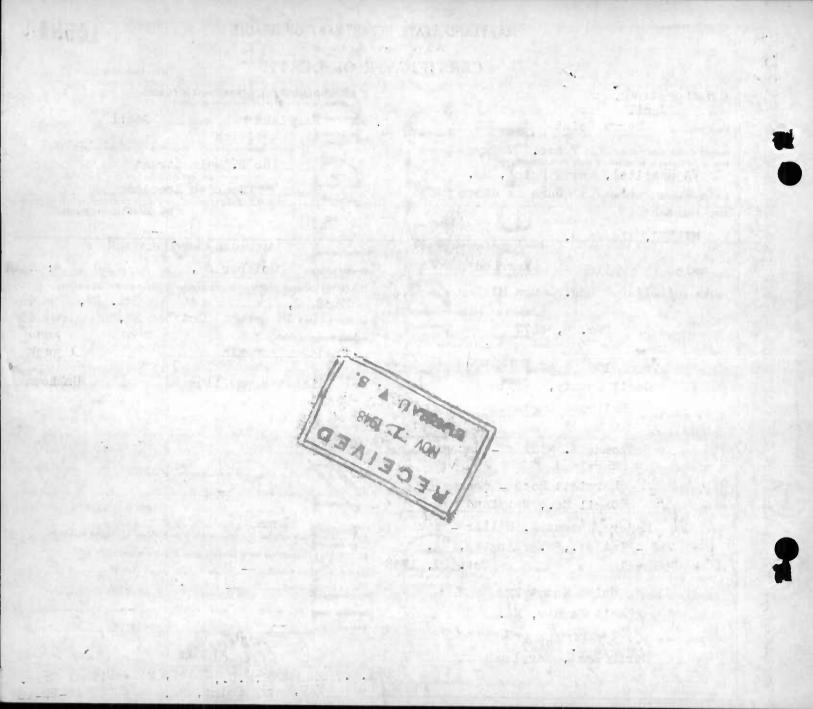
CERTIFICA	Reg. Diat. No.	* * * * * * * *	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Cecil	State Mary land County Cecil		
City or town Perry Point (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	Cily or town Elkton (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: VA Hospital, Perry Point, Md. How long in hospital or institution? Same as above	Street No. 155 E. Main Street (If rural, give LOCATION) 2.(a) If veleran, name war. Spanish American		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	115	
male white Married	2D. DATE OF DEATH October 29, 19 48 at 4:	45	
6.(b) Name of hashaddoof wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2, 19.48 to Oct. 29, 19 and that I last saw h im alive on October 29, 19		
deceased (mo., day, yr.) Dec. 6, 1872		ATION	
8. AGE: Years Months Days If less than one day 75 10 23hrsmin.	Bronchopneumonia l we	ek	
9. Birthplace Cecil County, Maryland (Town, county, and state) 10. Usual occupation Railroad Engineer 11. Industry or business	Due to diabetes mellitus Unkn	Q.WTA	
Thomas S. Miller - deceased 12. Name Maryland	Diher conditions		
14. Maiden name Harriett Rose - deceased 15. Birthplace Cecil Co., Maryland 16. Interment Major Thomas A. Miller - son	(Include pregnancy within 3 months of death) Major findings of operations		
16. Interment Major Thomas A. Miller son Address 716 -21st St., So. Arlington, Va.	Antopsy results None PHYSICIAN: Please underline the cause to which death should be charged statistically		
17. Removal Date thereof Oct. 29, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, solcide, or homicide		
Cemetery or crematory Union Cometery	Where did Injury occur?		
Location Cecil County, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director	Q.3/1 200 ce ser	u	
19 Ott 29 18 48 Druce E. Danglesta	23. SIGNATURE A.E. TROLLINGER, M.D., Chief, Professional S. Address VAH, Perry Point, Ma. Date signed 10.2	Vcs.	

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

WRITE

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correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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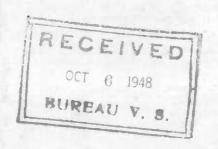
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10385

Reg. Diat. No.

City or town. (If outpide city or town limits, write RURAL and give nearest town) How long in above place of death? 3. Mospilal, institution, or street address where death occurred: How long in hospital or institution?	City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) if veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
(larence H. Monk	
4. Sex 5. Color or race 8.(a) Single. married, wildowed, or divorced White Lingle	20. DATE OF DEATH STORY OF DEATH STO
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace	oue to ple fracting of
10. Usual occupation 11. Industry or business 12. Name	Olher conditions
14. Maiden name Ethel C. Thomas 15. Birthplace Selenon Va.	(Include pregnancy within 3 months of death) Major findings of operations
Address Risches Sun Md. R. F.D.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Clasing San, Mar. 1. St. 12. 17. Burial, eremation, or removal. Which?) Date thereof. Other. St. 12. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	22. VIOLENCE: If death was done to external causes, fill in the following: Accident, suicide, or homicide. Accident Suicide and Suicide Suicide. Date of LOT3 - 4.8. Where did lainer account the suicide Suicide.
Cemetery or crematory	(City or town) (County) (State)
Location Man Port Deposit	Injured at home, 19th, Industry, public place (where?)
18. Funeral director	De la relevelle Courty
19 Oct- 5= 48 Logoforhing for	23. SIGNATURA M. D. or other Address Usung Summer Date signal 4 48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N Charles St., Baltimore

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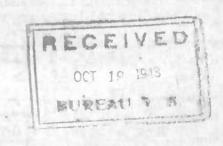
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CERTIFICATE OF DEATH

Reg. Dist. No. 9C

1. PLACE OF DEATH: County County County Clity or town (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Perryville County Perryville Rural County Perryville Rural	
City or town. (14 outside city or town limits, write RURAL and give nearest town)	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town)	/n)
Nonnial Institution or street address where death occurred:	
Street No. (If rural, give LOCATION)	
Now long in hospital or institution?	
100 100 100 100 100 100 100 100 100 100	
3. (a) FULL NAME	
Robert Granville Montgomery	
4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	
Male White Single 20, DATE OF DEATH October 15 19 44 31 21	30A m
21 I CERTIEV that death occurred on the date shave stated: that I attended deceased from	
5.(0) Name of nusband or wife.	1148
7. Birth date of and that I last saw h	1148
April 27 1902	URATION
8. AGE: Years Months Days tt tess than one day Immediate cause of death Original Phromboso Ser	marion
46 5 18 min.	
9. Birthplace Perryville Ceoil Co., Md. Due to.	
(Town, county, and state)	
10. Usual occupation. Traveling Forenan Que to	
11 Industry or business B & O Rail Road	
12. Name R. Franklin Kentgonery Other conditions	
Cecil Co. No.	
(Include pregnancy within 3 months of death)	
14. Major findings of aperations.	
14. Major findings of aperations. 15. Birthplace Cecil Co., Md. Date of op	
Van Tathia Wa Candall	
10. Mullion 1 to 1	atty.
Address Liberty Grove, Geell Go. Md.	
Burial Oate thereol. Oct. 18, 1948 Oate thereol. Oct. 18, 1948 (Burial, cremation, or removal, Which?) Oate thereol. Oct. 18, 1948 Accident, suicide, or homicide	

Cemetery or crematory West Nettingkan Where did infury occur? (City or town) (County) (State))
Location Colora, Md. Rural Injured at home, larm, Industry, public place (where?)	
18 Funeral directo Lev av, Patterson 4 Son Means of injury Injured at work?	
Perryville Na	
Address 23. SIGNATURE M.D. grother	
(Date rec'd by registrar) (Date rec'd by registrar) (Date sec'd by registrar) (Date sec'd by registrar)	148



CONTROL WINDOWS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10387 og. Diet. No. 94

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	4-11
County	m 1.	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nea	rest town)
Hospital, institution, or street address where death occurred:		,
V .	Street No. (If rurnl, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Joseph William Nova	otney none	
4. Sex /5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White married	2D. DATE OF DEATH 2 15 Oct 1948	1 9:45P
6.(b) Name of husband or wife Katherine Monthly	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
072	May 1946, 10 24 Oct	19.48
7. Birth date of deceased (mo., day, yr.)	and that I last saw h.i. Ann. alive on 2.1.300ct	19.48
8. AGE: Years Months Days if less than one day	Immediate cause of death	DURATION
	Bronchopucumouia	ZwKs
83 8 19hrsmin.	/	***************************************
9. Birthplace (Town, county, and state)	Due to Benign Prostatic Hyper trophy	Sycars
1D. Usual occupation January		***************************************
	Due to	***************************************
11. Industry or business		
12. Name	Other conditions Generalized arteriosclerosis	
13. Birthplace		
H 14. Maiden name	(Include pregnancy within 3 months of death)	
N 15. Birthplace	Major findings of operations.	
≥ 15. Birthplace	Date of op	
16. Informant Mes Joseph W. M. Thomas	Autopsy results	
Address Mary Fol. md (RD.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Audiess De la laure	22. VIOLENCE: If death was due to external causes, till in the following:	
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (yesr)	Accident, suicide, or homicide	
20 0	Where did injury occur?	
Cemetery or crematory	Where did injury occur?	(State)
Location Worth Tost, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director June 12 R. Chart	Msans of injury Injured at work?	
Address Mort Food Mar land	22 SIGNATURE Klaus H Thucker M.D.	
10/211 118 Sarah 9 Rotherms	M, D, c	or other
19. (Date rec'd by registrar) Registrar	Address North East Ad Date signed &	23 Oct 48





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Ind County Cecil
Cily or town	DIR SILT had
How long in above place of death? 50 yrs	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No. 2
Claron Continue	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If voleran, name war
3. (a) FULL NAME Louisa May. Ot	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wirthed, or divorced	MEDICAL CERTIFICATION
2. Who widowed	20. DATE DE DEATH O & 20 1948 19 21 3 A.
8.(b) Nama of husband or wife Leten O H	21. I CERTIFY that death occurred on the date above stated; that I atlended decessed from
	95 16 19 48 to 65 20 19 48
7. Birth date of 2. S.(c) If alive, give age	and that I last saw how alive on OF 20
deceased (mo., day, yr.) // May / 2, / 06 5	Immediate cause of death
8. AGE: Years Months Days If less than one day	Conjeture Heur failure 140
83 5 //hrsmtn.	
9. Birthplace Managunte ta	Due to. Collis of the way
(Town county, and state)	Justane
10. Usual occupation.	Due to
11. Industry or business	According to the second
12. Name Letter Hamillet	Dither conditions
13. Birthplace washington	(Include pregnancy within 3 months of death)
14. Malden name Many Johne murrey	Major findings of operations.
2 15. Birtholace Washington D.C.	major readings of operations
2 blance lott	Autopsy results
16. Informant CALL 120 - 7-1	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Utiton Of & 2 222	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlai, cremation, or removal, Which?) (Burlai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Part to the lite hand	Whera did injury occur?
Cemetery or crematory	
Location Alexander for for fully little	Injured at home, farm, industry, public place (where?)
18. Funeral director. Attacher	Means of Injury Injured at work?
Address Elaton Ind	Colyman L. Glackman.
Ot as 10 FRA	23. SIGNATURE M. D. or other
19. (Dato rec'd by registrar) Registrar	Address 202 & Mun ST Date signed Oct 21 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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/			CERTIFICA	ATE OF DEATH Reg. Dist. No	96
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For problem infanta give realdones of mother) State Maryland County City or town Baltimore 2, Maryland (If outside city or town limits, write RURAL and give near Street No. 924 N. Calvert Street (If ruret, give LOCATION) 2.(a) If veleran, name war WW I 3. (b) Social Security I 218 14 5955	rest town)
	5. Colar ar race		, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Sing	le	20, DATE OF DEATH. October 10 1948	2.05
7. Birth date of	**************************	B.(tf alive, give ageyea	21. I CERTIFY that death occurred on the date above stated; that I attended decea September 18 to October 1	sed from Q19.448
deceased (mo., day, yr.)				Immediata cause of death Uremia	DURATION
8. AGE: Years 52	Months 6	Days 21	If less than one day	Hypertensive Vascular Disease	
13. Birthplace . B	Iron Ves Raska chemian Comming Decomposition of the Mary Decomposition	county, and a forker zechslorak	ovikia	Due to	-6-48 ac hyper-
Address VA, HO 17. Removal (Burtal, cremetion, c Cemelery or crematory Location Ba- 18. Funeral director Address 2601 E. 19. Other rec'd by region	rremovel. Which National timore, M himunek Madison	Cemete arvland funeral st. Bal	(month) (day) (year) TY Home timore, Md.	PHYSICIAN: Please woderlive the cause to which death should be charged at 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)

WITH UNFADING INK. Supply every item of information carefully. The correct as important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, vis especially

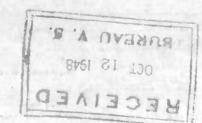
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg.	Diat.	No. 92	
-		7	

1. PLACE OF DEATH!	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborninfants give residence of mother)
City or town	State County County
How long in above place of death? / More 43 miles	(if outside city or town limits, write RURAh and give nearest town)
Hospital, institution, or street address where death opcurred:	Aireet No. 158 11 Macin
1 Suna 65 min	(If rurst, give LOCATION)
How long in hoapital or Institution?	2.(a) It veteran, name war
John Pobusor	3. (b) Social Security Number 223-05-0897.
4. Sen 5. Color or race 6.(a) Singla, married, widowed, or divorced	MEDICAL CERTIFICATION
Th' Cal.	20. DATE OF DEATH Delater 17 1948 21 5 9. W
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above ataled; that I attended deceased from
7. Birth date of Second (man day yr.) Sure Light 1903	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediais Puse of death of Aenorlack OURATION
43hrsmin.	Conhound hacture
9. Birthplace	Que to DR Pat Library Fibrila
(Town, eounty, snd state)	frantice of left;
10. Usual occupation	our & lanceline
11. Industry or businesa	
12. Nama MO W Tormullary 13. Birthplace	Other conditiona
	(Include pregnancy within 3 months of death)
14. Maiden name	
S 15. Birthplace	Major findings of operations.
16. Informant of Clevocison, om E	Antopsy results.
Jene a Line Chief	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Address Address Address	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burlal, eremation, or removal, Which?) Oate thereot. (month) (day) (year)	Accident, aulcide, or hanicide Collection Date of 10-16-45
Cemetery or crematory County	Where did Injury occur? (City or town) ((County) (State)
Location Chemic Hill Mid	Injurad at home, farm, Industry, public place (where?) Clorite
114 Dishi	Meana of Vigrettoniolelle Injurad at work?
18. Funeral director	(1) O Medical Examiner
Addless Clipton, Ma	23 STANTE IN O-CIRCIN White Cocil County
13 Nov 4 19 48 FRFrager	M. D. or ther
(Date rec'd by registrar) Registrar	Address Lawy out // Date sighed / /- 4.5







MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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/			CERTIFICAT	TE OF DEATH	Reg. Diat. No	96
How long in above ple Hospitel, Institution,	Perry Point of countries of deeth? 6 : or street eddress where pital, Per or institution? 6	yrs.5 m death occurre ry Poin	RURAL and give nearest town) 10 s. 20 days d: t. Md. mos. 3 days	2. USUAL RESIDENCE (HOME) OF D (For rewhern infants give residence of met Stete	rite RURAL and give no reat. N.W.	earest town)
3. (a) FULL NA	ME Foster				3. (b) Social Security Unknown	
4. Sex	5. Color or race	6.(a) Sing	e, married, widowed, or divorced	MEDICAL CER	TIFICATION	
male	Negro	Sin	gle	20. DATE OF DEATH October 21.	19. 48	3:30 PM
			c) († elive, give egeyeers	21. I CERTIFY that doeth occurred on the date above a May 1. 19.42 and that I last sew h. 1m. stive on	2 , to Oct. 2	1, 19 48
deceased (mo., day	yr.) Oct.	2, 188	36	Immediate cause of death		
8. AGE: Yes		19	If fese than one dayhrsmin.	Uremia, uremic poisoni		
9. Birthplace		Due to Nephrosclerosis				
t0. Usual occupation				Due to Arteriosclerosis, g	reneral	Unknown
12. Name Unknown — deaeased Unknown			ed.	Other conditions Diabetes melli		3_4 yrs.
*	Unknown	- dec	eased	(Include pregnancy within 3 mont		***
14. Malden nem	Unkno	wn.		Major findings of operations.		
16. Informani Hospital Records		Actorsy results Same as above PHYSICIAN: Please underline the cause to which	re			
Addrese VAR, Feffy Foliat, Inc. 17. Burial Bete thereof 10-27-48 (Burial, cremation, or removal, Which?) Cemetery or crematory Baltimore National Cemetery		22. VIOLENCE: It death was due to external causes, Accident, suicide, or homicide	Dete ot	(State)		
Locetion Baltimoré, Maryland		Injured at home, term, industry, public place (where	?)			
18. Funeral director PENNINGTON & SON Address Havre de Grace, Md.			N C	Moone of Injury / - 3. Lea	Injured at work?	esky,
1 4) 6 19 4 5 registrof)	- 0	ne Ellanghari	Transfer of the state of the st	ief, Profess	18851 Svcs.

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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

information carefully. Ine correct of death clearly and legibly.

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information carefully of death clearly and causes FOR BINDING RESERVED

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(Date rec'd by registrar)

CERTIFICATE OF DEATH 1. PLACE OF DEAT County. How long in above place of death? Hospital, Institution, or street address where death occurred How tong in hospital or institution? 3. (a) FULL NAME 6.(c) If alive, give ageyears deceased (mo., day, yr.) tf less than one day 8. AGE: Date thereof () C. 1 (month) (day) (year) Mesns of Injury

2. USUAL RESIDENCE (HOME) OF DECEASED,: (For newborn in ants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from MOTTARUO (Include pregnancy within 3 months of death) PHYStCIAN: Please ouderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?)



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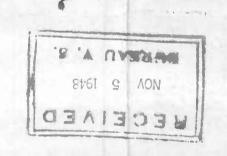
10393

CERTIFICATE OF DEATH

age	2411 N. Charle	es St., Baltimore
rect 2	CERTIFICAT	TE OF DEATH Reg. Dist. No. 90
The corregibly.	1. PLACE OF DEATH: County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County
efully. y and le	(If outside city or town limits, write BURAL and give cearest town) How long in above place of death?	City or town
on car clearly	How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war.
information carefully. The cof death clearly and legibly.	3. (a) FULL NAME Velliam & annu	el Lellison 3. (b) Social Security Number
of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Septential.	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 30 19 U.S. at 2 Gr.
ery item	6.(b) Name of husband or wife. A attel Tullison	21. I CERTIFY that death occurred on the date above stated: that I eltended deceased from
eve	7. Birth date of deceased (me., day, yr.) fune 21. 1890	and that I last saw h
Supp	8. AGE: Years Months Days If less than one dayhrsmin.	Julia
INK.	9. Birlhplace	Due to Joseph Ling the
ADING Physicia	10. Usuat occupation	Due 10. J. J. J. L.
CFA	12. Name Alland Alland 18	Other conditions
White Unimportan	14. Maiden name flew Fireques.	(Include pregnancy within 3 months of death) Major findings of operations.
	16. Informant/Ollew Jetry	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, is especially	Address 17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: Il death was due to external causes, Illian the tollowing; Accident, suicide, or horizontal description of the part of the
TE P	Cemetery or crematory Much Expellen M.	Where did injury occur? Clity or town) (Coupty) (State)
SE WRITE	Location Location A Boll	Injured at home, farm, Industry, public place (where?) Means of the Mark Mark Mark Mark Mark Mark Mark Mark
	Address 909 Japlan St Mel. No	La LIGHTURE CEDOCLOON MILE Cocil County
PLEA	19. Mar 3-1949 19 Mrs Harred W Cheyres	M. D. opather - 48

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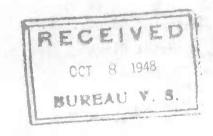
2411 N. Charles St., Baltimore

10394

CERTIFICAT	TE OF DEATH Reg. Diat. No. 96
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number Unknown
WAT SON, Charles B. 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	
Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
5.(b) Name of husband or wile 5.(c) If alive, give age years 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) March 18, 1896 8. AGE: Years Months Days If less than one day 52 6 15 hrs. min. 9. Birthplace Lancaster County, Pas (Town, county, and atate) 10. Usual occupation. Hotel Clerk 11. Industry or business Hotel 12. Name Unknown 13. Birthplace Unknown 14. Maiden name Unknown 15. Birthplace Unknown	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from September 21. 19 48 10 October 3, 1948 and that I last saw h im alive on October 3. 1948 Immediate cause of death Pulmonary Tuberculosis, OURATION active, far advanced, bilateral 3 to 4 years Due to. Dither conditions Tuberculosis of the cecum Pneumonia, bronchial (Include pregnancy within 3 months of death) Major fiadiags of operations
Address VAH Perry Point Md. 17. Removal Date thereof Oct. 6, 1948 (Month) (day) (year) Cemetery or crematory Baltimore National Cemetery Localion Baltimore Maryland 18. Funeral director PENNINGTONE SON Address Havre de Grace, Maryland	Aciopsy results

FOR BINDING RESERVED MARGIN UNFARING INK. Supply every item of information carefully tant. Physicians: please write the causes of death clearly and

PLEASE WRITE



THE PROPERTY OF THE PARTY OF TH

CERTIFICATE OF DEATH

	Reg. Diet. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbern infants live residence of mother) State
How long In hospital or Institution?	2.(a) If reteran, name war
3. (a) FULL NAME Steerley West 4. Sex 5. Color or race 8. (a) Single married, widowed, or divarced	3. (b) Social Security Number none MEDICAL CERTIFICATION
m' Evl. Single	20. DATE OF DEATH. October 16 1948 , 3, 450
8 (A) Nome of husband or with	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 24 / 23 /	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Fivacture of general and a second sec
9. Birthplace	Due to
11. Industry or business. 12. Name	Dither conditions.
13. Birthplace Class and Acceptance 14. Malden name Emma Drown 15. Birthplace Class and Acceptance 16. Birthplace Class and Acceptance 17. Birthplace Class and Acceptance 18. Birthplace Class and Acceptance 19. Birthplace Class	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant	Antapsy results PHYSICIAN: Please underline the cause to which death shund he charged statistically.
Address Color AN 4 9744- 17 Burial Burial Date thereof 10/22/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homelies the suicide, Date of 10-16-46
Cemetery or crematory Griffith Cemetry	Where dld Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place junerally (County)
Location Cedar Hill Md. 18. Funeral director Columnia Co	Means of injunction of the injured at work?
Address 909 Poplat St. Wilm. Del.	23. SGADE CONDITION M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed 0-72

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10396

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CountyCecil	
City or town Perry Point (If outside city or town limits, write RURAL and give nearest town	2
How long in above place of death? 5 yrs. 2 mos. 0 days	City or town
Hospital, Institution, or street address where death occurred: VAHospital, Perry Point, Md.	Street No. 908 Eye St., N.W. ((frural, give LOCATION)
How long in hospital or institution?5	NET T
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAMS, William McD. 4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced	None MEDICAL CERTIFICATION
male white Divorced	20. DATE OF DEATH
6.(b) Name of hispandfor wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
e (a) Mallus alus ses	August 31, 19 50, 10 Oct. 91 19 46
7. Birth date of deceased (mo., day, yr.) Aug. 24, 1888	and that I tast saw hA.Malive on
8. AGE: Years Months Days If less than onn day	Immediate cause of death DURATION Unknown Unknown
60 2 7hrs.	
Wake Forest, Wake Co., N.C.	Due to
9. Birthplace Wake Forest, Wake Co., N.C. (Town, county, and state)	
10. Usual occupation	Due to
11, Industry or business	
12. Name. Unknown - deceased 13. Birthplace Unknown	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Unknown - deceased 15. Birthplace Unknown	
15. Birthplace Unknown	Major findings of operations. Date of op.
15. Informant Hospital Records	
The Thirty The Land 1873	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
Removal (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Arlington National Cemeter	Whers did injury occur? (City or town) (County) (State)
Location Fort Myer, Virginia	
P - d d Par	Mesns of injury injured at work?
18. Funeral director PENNINGTON & SON	60/1000
PENNINGTON SON Address Havre de Grace, Md.	23 SIGNATURA - 2 Releccinga
10 nov. 3 10 48 France, Dan	A.E. TROILINGER, M.D., Chief, Professional Sycs
(Date rec'd by registrar)	Aistrer Adress VAH, Porry Point Md Date signed 10-31-48

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correct age

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